

Pain-Related Terminology and Clinical Application

Pain Types and Clinical Use

TERM	DEFINITION	HOW TO USE CLINICALLY
Pain	An unpleasant sensory and emotional experience associated with or described in terms of actual or potential tissue damage.	<ul style="list-style-type: none"> • Pain is always subjective. • Pain is whatever the older adult says it is, occurring wherever they say it does.
Acute Pain	Pain with a distinct onset, usually evident pathology, short duration, and self-limiting.	<ul style="list-style-type: none"> • Common causes include trauma or post-surgical pain.
Persistent (Chronic or Constant) Pain	Pain that does not diminish in an expected amount of time and may occur in absence of past injury, evident body damage or disease state.	<ul style="list-style-type: none"> • Pain occurs on at least half of the days for six months or longer. • Associated with functional and psychological impairment. • More than one clinical diagnosis typically contributes to persistent pain, such as osteoarthritis, postherpetic neuralgia, spinal canal stenosis, cancer, post-stroke pain, diabetic peripheral neuropathy.
Refractory Pain	Pain resistant to standard or conventional treatment.	<ul style="list-style-type: none"> • Individuals may need a referral to an outpatient pain clinic for a comprehensive, interdisciplinary evaluation and development of a treatment plan.
Complex Regional Pain Syndrome	Pain experienced from nerve trauma or injury to an affected extremity or other body location.	<ul style="list-style-type: none"> • Often described as burning, stinging, or tearing sensations deep inside the affected location. Bone fractures are a common cause. • An interdisciplinary pain treatment approach is recommended.
Incident-related Episodic Pain	Pain prompted by specific movements or activities.	<ul style="list-style-type: none"> • Best treated by pre-medicating prior to the pain-inducing event. • Heat or ice therapy pre and post activity may help.
Breakthrough Pain	Pain that increases above the level of pain addressed by the ongoing analgesics; this would include incident pain and end-of-dose failure.	<ul style="list-style-type: none"> • Most often experienced by individuals with cancer pain and used in palliative and hospice care. Individuals with non-cancer pain experience paroxysmal pain (see definition below). • The pain may be sudden or gradual, brief or prolonged, spontaneous or predictable.
Paroxysmal Pain	Pain that suddenly increases or suddenly flares up.	<ul style="list-style-type: none"> • Individuals with non-cancer pain experience paroxysmal pain episodes (i.e. trigeminal neuralgia) or fluctuation of pain as part the natural course of the disease. • Pain provoked by activity, i.e. individual with low back pain who plays golf or tennis).

TERM	DEFINITION	HOW TO USE CLINICALLY
Analgesia	Loss of sensation of pain often produced with pain treatments.	<ul style="list-style-type: none"> Develop individual person-center goals and pain management plans to achieve analgesia.
Adjuvant Analgesic	A drug that has a primary purpose other than pain relief but can also serve as an analgesic for some painful conditions.	<ul style="list-style-type: none"> Use of antidepressants or anticonvulsants with lowest side effect profiles and use lower doses at treatment onset.
Nociceptive: Visceral Pain	Pain of the body's internal organs.	<ul style="list-style-type: none"> Pain is often poorly localized and usually constant. Described as deep and aching; pain may be referred to other locations in the body.
Nociceptive: Somatic Pain	Pain of the muscles, joints, connective tissues (myofascial), and bones.	<ul style="list-style-type: none"> Pain is relatively well-localized and increases with movement. Described as a dull or 'background' aching pain, although the area may be tender to pressure.
Neuropathic Pain	Peripheral nervous system injury – nerves and spinal cord.	<ul style="list-style-type: none"> Described as deeply aching quality, burning sensation, accompanied by sudden sharp lancing pain and often radiating down a nerve path. Individuals may have numbness, tingling, or skin sensitivity over the area of skin.
Allodynia	Pain due to a stimulus that normally does not produce pain.	<ul style="list-style-type: none"> Common in many neuropathic pain conditions. Individual experiencing allodynia is one who is uncomfortable with the bed sheets resting on their feet or legs.

TERM	DEFINITION	HOW TO USE CLINICALLY
Duration	How long the pain has been experienced and continues to be present (lasting minutes, hours or longer).	<ul style="list-style-type: none"> This information is critical for evaluating the effectiveness of the treatment plan. Duration of pain can be gathered as part of a comprehensive history of the pain as well as each time pain is assessed.
Frequency	The number of occurrences (how often) pain is experienced in a specified period of time.	<ul style="list-style-type: none"> Knowing the frequency of pain is useful in developing treatment strategies and for individualized scheduling of care activities.
Intensity (or Severity)	The older adult's descriptive rating of the pain experience.	<ul style="list-style-type: none"> Usually helpful to identify intensity for the older adult's 'worst pain' over a specified period of time, as well as 'the best the pain is' in a particular time period. Assessing the older adult's present pain rating and an identified pain rating acceptable to the older adult is also important. Use the most appropriate scale individualized to the older adult's cognitive and sensory abilities. Intensity alone does not convey the impact or interference of pain important to treatment planning
Location	Anatomic site(s) of pain.	<ul style="list-style-type: none"> Older adults often have pain in more than one location. Identify and document all sites with corresponding intensity and character.

		<ul style="list-style-type: none"> Pain maps or body chart are useful in documenting all pain locations, guiding therapy, and as a tool in providing daily care (e.g., health care workers can use the pain map to establish the least painful ways to turn and/or ambulate and older adult).
Onset	Description of the experience of the beginning of the pain.	<ul style="list-style-type: none"> The older adult may describe a sudden or gradual development of the pain, associated with a known injury or illness. Asking about onset can also help identify pain elicited by specific movement or activity.

TERM	DEFINITION	HOW TO USE CLINICALLY
Pattern (or Rhythm)	The course of the pain over time, including variations, often influenced by times of day (e.g., certain hours of the day, night or day, monthly patterns), periods of rest, or specific or general activity/movement.	<ul style="list-style-type: none"> Older adults can experience constant and/or episodic pain. Analgesic therapy should be tailored to these patterns. For example, short-acting analgesics are most appropriate for episodic pain, whereas long-acting agents are best for constant pain. Routinely dosed, short-acting agents may work well as an alternative to long-acting opioids in older adults. Older adults with both constant pain and episodic increases in pain (i.e., breakthrough pain) need both short-acting and long-acting medications.
Quality (or Character)	Description of the characteristics of the pain, preferably in the words used by the older adult to describe the pain.	<ul style="list-style-type: none"> Helpful in determining the type of pain to guide the most appropriate analgesic. If the older adult has difficulty describing the pain, use other terminology like aching, sore, cramping, pounding, sharp, throbbing, dull, nagging, penetrating, shooting, numb, tingling, spasm, burning, gnawing, pressure-like, radiating, stabbing, tingling, tender, knife-like.
Pain Interference	How pain interferes with daily activities, relationships, social engagement, mood.	<ul style="list-style-type: none"> Evaluating pain impact or interference is important assessment element to set goals for treatment and to monitor progress/response.

Revised April 2024

References

Horgas, A. L., Bruckenthal, P., Chen, S., Herr, K. A., Young, H. M., & Fishman, S. (2022). Assessing Pain in Older Adults. *The American journal of nursing*, 122(12), 42-48. Accessed January 7, 2023

Peppas, C. A., (2023) Pain Management and Alternative Health Modalities in Gerontological Nursing Competencies for Care. Ed. Mauk, K. 5th Ed. ISBN: 9781284233360

Reuben, D. B., Herr, K. A., Pacala, J., T., Pollock, B. G., Potter, J. P., Semla, T.P. (2023). *Geriatrics at Your Fingertips* (25th ed.). The American Geriatrics Society. ISBN: 978-1-886775-77-0

Taylor, S., S., Noor, N., Urits, I. *et al.* Complex Regional Pain Syndrome: A Comprehensive Review. *Pain Ther* 10, 875–892 (2021). <https://doi.org/10.1007/s40122-021-00279-4>

The revised International Association for the Study of Pain definition of pain concepts, challenges, and compromises. Raja, Srinivasa N; Carr, Daniel B; Cohen, Milton; Finnerup, Nanna B; Flor, Herta; Gibson, Stephen; Keefe, Francis J; Mogil, Jeffrey S; Ringkamp, Matthias; Sluka, Kathleen A.; Song, Xue-Jun; Stevens, Bonnie; Sullivan, Mark D.; Tutelman, Perri R; Ushida, Takahiro; Vader, Kyle. doi: 10.1097/j.pain.0000000000001939. Available from: https://journals.lww.com/pain/Abstract/2020/09000/The_revised_International_Association_for_the.6.aspx.